



REDACTED - FOR PUBLIC INSPECTON

June 23, 2017

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street. SW
Room TW-A325
Washington, DC 20554

Re: WC Docket No. 10-90, 11-42, 14-58: Form 481 - Annual Reporting Requirements for High-Cost and Low Income Recipients

Pursuant to Section 54.313 and 54.422 of the Federal Communications Commission's Rules, enclosed is a redacted version of the Form 481 of Ace Telephone Association, Inc., Study Area Code 351346. Ace Telephone Association is a state-designated ETC, and as such, is submitting to the Commission information from FCC Form 481.

This filing contains public information.

A confidential "trade secret" filing pursuant to 47 C.F.R. §0.459 – Requests that materials or information submitted to the Commission be withheld from public inspection and pursuant to the Commission's March 22, 2016 DA 16-296 was also made under the Docket 10-90, 11-42 and 14.58.

Should you have any questions, please contact me via e-mail at csweet@acentek.net or by phone at 507/896-6211.

Sincerely,


Cynthia Sweet
Controller

Enclosures

REDACTED FOR PUBLIC INSPECTION		FCC Form 481
FCC Form 481 - Carrier Annual Reporting		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Collection Form		July 2013

<010>	Study Area Code	351346
<015>	Study Area Name	ACE TEL ASSN-IA
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Cynthia Sweet
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	csweet@acentek.net
Form Type		54.313 and 54.422

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<p>(200) Service Outage Reporting (Voice)</p> <p>Data Collection Form</p>	<p>FCC Form 481</p> <p>OMB Control No. 3060-0986/OMB Control No. 3060-0819</p> <p>July 2013</p>
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<010>	Study Area Code	351346
<015>	Study Area Name	ACE TEL AssN-1A
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@centek.net

<210> For the prior calendar year, were there any reportable voice service outages?

No

[illegible]

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(300) Unfulfilled Service Request Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	351346
<015> Study Area Name	ACE TEL ASIN-1A
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net
<300> Unfulfilled service request (voice)	<div>0</div>
<310> Detail on attempts (voice)	<div>Name of Attached Document</div>
<320> Unfulfilled service request (broadband)	<div>0</div>
<330> Detail on attempts (broadband)	<div>Name of Attached Document</div>

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(400) Number of Complaints per 1,000 customers
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	351146
<015>	Study Area Name	ACS TEL ARSN-1A
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078960211 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acsestek.net
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed voice
<410>	Complaints per 1000 customers for fixed voice	0.0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed broadband
<440>	Complaints per 1000 customers for fixed broadband	0.0
<450>	Complaints per 1000 customers for mobile broadband	

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(500) Compliance With Service Quality Standards and Consumer Protection Rules
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	351346
<015> Study Area Name	ACE TEL ASSIST-CA
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext
<039> Contact Email Address - Email Address of person identified in data line <030>	cswet@acornetk.net
<500> Certify compliance with applicable service quality standards and consumer protection rules	Yes
	351346IA510.pdf
<510> Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	
<515> Certify compliance with applicable minimum service standards	

(600) Functionality in Emergency Situations
Data Collection Form

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FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	351346
<015>	Study Area Name	ACE TEL ASRM-2A
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Swent
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cswent@centek.net
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	351346TA610.pdf

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(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	351346
<015>	Study Area Name	ACE TEL ASSEN-1A
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<040>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

[illegible]

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(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	351346
<015> Study Area Name	ACE TEL ASSN-IA
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

<900> Does the filing entity offer tribal land services? (Y/N) No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements

Select Yes or No or Not Applicable

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(1000) Voice and Broadband Service Rate Comparability Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	351346
<015>	Study Area Name	ACE TEL ASSN-IA
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance 351346IA1010.pdf

Name of Attached Document

<1020> Broadband comparability certification Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau

<1030> Attach detailed description for broadband comparability compliance 351346IA1030.pdf

Name of Attached Document

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(1100) No Terrestrial Backhaul Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	351346
<015>	Study Area Name	ACE TEL ASSN-1A
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@centek.net

<1100> Certify whether terrestrial backhaul options exist (Y/N)

Yes

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	351346
<015>	Study Area Name	ACE TEL ASSN-IA
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acenetek.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans	<div style="border: 1px solid black; width: 100%; height: 100px; margin: 0 auto;"></div> <p style="margin: 0;">Name of Attached Document</p>
---	--

<1220> Link to Public Website	HTTP _____
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"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | |
|--|-------------------------------------|
| <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

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(2005) Price Cap Carrier Additional Documentation		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013

<010>	Study Area Code	351346
<015>	Study Area Name	ACE TEL ASSN-IA
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.		
<2022>	Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.		
<2023>	The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.		
<2024A>	Round 2 Recipient of Incremental Support?		
<2024B>	Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	
<2025A>	Round 2 Recipient of Incremental Support?		
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013)	Name of Attached Document Listing Required Information	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		

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(2005) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

<010>	Study Area Code	351346
<015>	Study Area Name	ACE TEL ASSN-IA
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009) Progress Report on 5 Year Plan
Carrier certifies to 54.313(f)(1)(ii)

Yes - Attach Certification

(3010A) Certification of Public Interest Obligations (47 CFR § 54.313(f)(1)(i))

(3010B) Please Provide Attachment

Name of Attached Document Listing Required Information

351346IA3010.pdf

(3012A) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

No - No New Community Anchors

(3012B) Please Provide Attachment

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(Yes/No)

☒ ☐

(3014) If yes, does your company file the RUS annual report

(Yes/No)

☐ ☒

Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

☐

(3016) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited?

(Yes/No)

☒ ☐

If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers

☒

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☒

(3021) Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.

☒

If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers

☐

(3023) Underlying information subjected to a review by an independent certified public accountant

☐

(3024) Underlying information subjected to an officer certification.

☐

(3025) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

351346IA3026.pdf

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(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	351346
<015> Study Area Name	ACE TEL ASSN-IA
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acenetk.net

Financial Data Summary

- (3027) Revenue
- (3028) Operating Expenses
- (3029) Net Income
- (3030) Telephone Plant In Service(TPIS)
- (3031) Total Assets
- (3032) Total Debt
- (3033) Total Equity
- (3034) Dividends

Name of Attached Document Listing Required Information

Page 17

<010>	Study Area Code	751346
<015>	Study Area Name	ACE TEL ABRN-2A
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078962211 nxc
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@accentek.net

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information _____

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information _____

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information _____

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	351346
<015> Study Area Name	ACE TEL ASSN-IA
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: ACE TEL ASSN-IA	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/19/2017
Printed name of Authorized Officer: Todd Roesler	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 5078966292 ext.	
Study Area Code of Reporting Carrier: 351346	Filing Due Date for this form: 07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	351346
<015> Study Area Name	ACE TEL ASSN-IA
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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Attachments

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(700) Price Offerings Including Voice Rate Data Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	351346
<015>	Study Area Name	ACE TEL ASSN-IA
<020>	Program Year	2018
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<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

<701>	Residential Local Service Charge Effective Date	1/1/2017
<702>	Single State-wide Residential Local Service Charge	

<703>

[illegible]

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<p>(710) Broadband Price Offerings</p> <p>Data Collection Form</p>	<p>FCC Form 481</p> <p>OMB Control No. 3060-0986/OMB Control No. 3060-0819</p> <p>July 2013</p>
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<010>	Study Area Code	351346
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<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@accnet.k.net

[illegible]

REDACTED FOR PUBLIC INSPECTION

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	351146
<015>	Study Area Name	ACE TEL ASSN-IA
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@aceantek.net

<810>	Reporting Carrier	Ace Telephone Association
<811>	Holding Company	Ace Telephone Association
<812>	Operating Company	Ace Telephone Association

[illegible]

REDACTED FOR PUBLIC INSPECTION

Study Area Name: Ace Telephone Association

SAC: 351346

State: Iowa

Form 481 Line 510 Compliance with Applicable Service Quality Standards and Consumer Protection Rules

As a local exchange carrier, Ace Telephone Association (Carrier) is obligated to comply with the numerous consumer protections and has established operating procedures designed to facilitate compliance with such consumer protections rules and service quality standards. As part of the operating procedures, appropriate training is conducted for employees.

Carrier is in compliance with all applicable and effective public service commission and FCC consumer protection rules and service quality standards. Carrier has a Customer Proprietary Network Information (CPNI) Manual which reflects the FCC's current CPNI rules. Carrier has also implemented an Identity Theft Prevention Program in accordance with the Federal Red Flags Rule.

Iowa Administrative Code §199-22.6 requires an ETC to certify in its annual report that it is complying with applicable service quality standards and consumer protection rules. The ETC will measure its service connection, held order, and service interruption performance monthly according to this section.

Ace Telephone Association certifies that it has complied with these requirements and will continue to comply with these requirements.

REDACTED FOR PUBLIC INSPECTION

Study Area Name: Ace Telephone Association

Study Area Code: 351346

State: Iowa

Form 481 Line Number 610

Certification that the carrier is able to function in emergency situations

Ace Telephone Association (Carrier) is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source. Carrier has backup battery reserve which enables it to provide service for a minimum of eight hours. Carrier's service is consistent with requirements and the obligations to provide service in emergency situations as set forth in § 54.202(a)(2).

Carrier's network is engineered to provide maximum capacity in order to handle excess traffic in the event of traffic spikes resulting from emergency situations. Carrier has redundancy in its network for use in re-rerouting traffic when facilities are damaged.

Pursuant to Iowa Administrative Rule "199-22.6(4) a-b Emergency Operation" Carrier has

- Established reasonable provisions to meet emergencies resulting from failures of power service, climate control, sudden and prolonged increases in traffic, illness of operators or from fire, explosion, water, storm or acts of God including provisions for emergency power that meet or exceed the rule requirement to provide:
 - A minimum of two hours of battery service in each central office.
 - A permanently installed power unit in exchanges exceeding 4,000 lines.
 - Mobile power units that can be delivered on short notice and which can be readily connected in offices without installed emergency power facilities.
- Has informed employees as to the procedures to be followed, including reasonable rerouting of traffic around damaged facilities and the deployment of emergency power in the event of emergency in order to prevent or mitigate interruptions or impairment of telecommunications service.
- Has current plan available of emergency operations for board inspection and the plan contains
 - Names and telephone numbers of the telephone company's disaster service coordinator and alternates.

Ace Telephone Association certifies that it has complied with these requirements and will continue to comply with these requirements.

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Study Area Name: Ace Telephone Association

Study Area Code: 351346

State: Iowa

Form 481 Line Number 1010

Descriptive document for Voices Services Rate Comparability

The Wireline Competition Bureau's most recent reasonable comparability benchmark for fixed voice services is \$49.51, which includes the federal subscriber line charge ("SLC").

In all exchanges served by Ace Telephone Association, the single line residential local service rate including any mandatory extended area service charge, federal SLC, and any applicable state fees is less than \$49.51.

Ace Telephone Association certifies the pricing of its basic residential voice services is below the benchmark of \$49.51.

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Study Area Name: Ace Telephone Association

Study Area Code: 351346

State: Iowa

Form 481 Line Number 1030

Descriptive document for Broadband Service Rate Comparability

The Wireline Competition Bureau announced the results of the Urban Rate Survey for Broadband Services.

“To facilitate benchmark calculations, the Bureau will post an Excel file and online tool in which providers can plug the relevant variables to determine the benchmark for specific service characteristics at <http://www.fcc.gov/encyclopedia/urban-rate-survey-data>.”

Ace Telephone Association certifies that it offers a Broadband service to residential subscribers at pricing that is no more than the applicable benchmark rate.

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Study Area Name: Ace Telephone Association

Study Area Code: 351346

State: Iowa

Line 1210 Terms and Condition for Voice Lifeline Plans

Lifeline Telephone Assistance Program

Financial assistance through the Lifeline program is available to help eligible Iowans afford and maintain telephone or internet service. Lifeline participation enables Iowans to stay connected to jobs, family, community resources, and government and emergency services. Lifeline is a federal program that assists qualified Iowans by providing a monthly credit of \$9.25 on their telephone or internet bill, but not both.

Lifeline benefits are limited to one wireline, wireless phone or internet service per qualified household. Households eligible for or already receiving Medicaid, Supplemental Nutrition Assistance Program (SNAP), Supplemental Security Income (SSI), Federal Public Housing Assistance Program (FPHA), Veterans Pension and Survivors Benefit may qualify. Consumers may also qualify based on their income level.

Ace Telephone Association Lifeline service offerings are listed in the Ace Telephone Association Telephone Iowa Service Catalog which is available on our website under Policies.

All Lifeline subscribers must meet the terms and conditions of the Federal Lifeline Eligibility Rules. Ace Telephone does adhere to all Federal Lifeline eligibility rules and regulations. The number of local minutes provided is unlimited. Toll calls are billed at the carriers' standard rates.

On the following pages is the information regarding low-income telephone or internet assistance that is found on Company's website www.acentek.net.

The Lifeline application form is available on the Company's website or will be mailed upon request.

SERVICE CHARGES

A. LIFELINE ASSISTANCE

1. The Lifeline Assistance Program is a plan which assists qualified low-income applicants with reductions in their monthly local exchange service rate or internet, not both. The assistance applies for a single telephone line at the applicant's principal place of residence. Qualified applicants shall have their monthly local exchange or internet service rate reduced by the federal Lifeline support amount to reduce the Lifeline customer's residential rate.
2. **Eligibility Requirements**
To be eligible for assistance, an applicant must participate in one of the following:
 - a. Medicaid (e.g. Title XIX/Medical, state supplemental assistance)
 - b. Supplemental Nutrition Assistance Program (SNAP)
 - c. Supplemental Security Income (SSI)
 - d. Federal public housing assistance
 - e. Low-Income Home Energy Assistance Program (LHEAP)
 - f. Persons with income at or below 135% of the Federal Poverty Guidelines
 - g. Veterans Pension and Survivors Benefit

The Lifeline customer is responsible for notifying the Company if the customer ceases to participate in any of the public assistance programs listed above.

3. **Application for Assistance**
An applicant shall request assistance through completion of a form provided by the Company.
4. **Rates**
 - a. The Lifeline customer will receive a monthly credit toward their local exchange or internet service rate. The total monthly credit consists of the federal Lifeline support amount to reduce the Lifeline customer's rate.
 - b. Toll blocking shall be included with this service offering without charge. No service deposit would be required if applicant voluntarily elects toll blocking with the initiation of Lifeline Service.



For Sales & Support Call:
888.404.4940



[Home](#) [Residential](#) [Business](#) [Support](#) [My Account](#) [Company Info](#) [Careers](#)



LIFELINE

[MINNESOTA / IOWA](#) > [RESIDENTIAL](#) > [VOICE](#) > [LIFELINE](#)

Low-Income Telephone Assistance Plans

Residential

Voice

On a limited income? You can save with Lifeline services from AcenTek. This federal assistance program can help you save on your monthly local phone service.

Local Service

Services Provided

Long Distance

AcenTek provides single-party residential voice services. This includes access to:

Voice mail

Features

Internet

Video

MedAlert

AcenTek Assurance

1. voice grade to the public switched network,
2. local usage,
3. dual tone, multi-frequency signaling or its functional equivalent,
4. single-party service or its functional equivalent,
5. emergency services,
6. operator services,
7. Inter-exchange service,
8. directory assistance, and
9. toll limitation for qualifying low-income customers.

Business

Customer Support

Lifeline

Lifeline provides certain discounts on monthly service for qualified subscribers.

How to Qualify

Lifeline is available to qualifying customers in every U.S. state. The subscriber must participate in one of the following programs:

- Federal Public Housing Assistance
- Supplement Nutrition Assistance Program (SNAP)
- Income below 135% of the Federal Poverty Guidelines
- Medicaid
- Supplemental Security Income (SSI)
- Veteran's Pension Survivors Benefit

Please be aware that only one Lifeline discount may be received per household, even if the household has more than one telephone account, including landline or wireless phone service. Lifeline service is not transferable, and only eligible consumers may enroll in the program. Documentation of eligibility is required to enroll.

Click here to download the two-page certification form (PDF). Call Customer Service for more information.

TAP (Telephone Assistance Plan), available to low-income residents in Minnesota, provides an additional credit to customers that qualify for a Lifeline discount

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LOW-INCOME INTERNET ASSISTANCE PLANS

[MINNESOTA / IOWA](#) > [RESIDENTIAL](#) > [INTERNET](#) > [LOW-INCOME INTERNET ASSISTANCE PLANS](#)

Low-income Internet Assistance Plans

Residential

Voice
Internet

On a limited income? You can save with Lifeline services from AcenTek. This federal assistance program can help you save on your monthly Internet service.

Video

Lifeline

MedAlert

Lifeline provides certain discounts on monthly service for qualified subscribers.

AcenTek Assurance

How to Qualify

Business

Lifeline is available to qualifying customers in every U.S. state. The subscriber must participate in one of the following programs:

Customer Support

- Federal Public Housing Assistance
- Supplement Nutrition Assistance Program (SNAP)
- Income below 135% of the Federal Poverty Guidelines
- Medicaid
- Supplemental Security Income (SSI)
- Veteran's Pension Survivors Benefit

Please be aware that only one Lifeline discount may be received per household, even if the household has more than one account. Lifeline service is not transferable, and only eligible consumers may enroll in the program. Documentation of eligibility is required to enroll.

[Click here to download the two-page certification form \(PDF\).](#) Call Customer Service for more information.

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Lifeline, Link-Up & TAP Programs Certification Form

The information on this application is strictly confidential and will only be used to assess your eligibility for Lifeline Assistance. Link-Up is only available for tribal lands. TAP is only available to Minnesota residents for Voice Service.

(Please Print)

Last Name _____ First Name _____ Middle _____

Service Address: *(No PO Box)*

Street Address _____ City _____ State _____ Zip _____

Check One: ☐ Permanent Residential Address ☐ Temporary Residential Address *(must verify every 90 days)*

Billing Address: *(if different than residential address above, may include PO Box)*

Street Address _____ City _____ State _____ Zip _____

Telephone Number or existing account number: _____ Number where you can be reached: _____

(____) - _____ Area Code & 7-Digit Number (____) - _____ Area Code & 7-Digit Number

Date of Birth: (mm/dd/yyyy) _____

Last 4 digits of Social Security #: _____

1. I, or my dependent or member of my household, receive benefits from the following program(s):

Check one and attach documentation

- ☐ Medicaid
- ☐ Federal Public Housing Assistance
- ☐ Supplemental Security Income (SSI)
- ☐ Bureau of Indian Affairs Program (Tribal TANF, Headstart Subsidy)
- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ Veterans Pension & Survivors Benefit

2. I do not receive benefits from any of the programs listed above BUT my income is at or below 135% of Federal

Poverty Guideline: ☐ Yes ☐ No Number of people living in household _____

Please attach one of the documents below if you did not check any boxes in #1.

- ◆ Last year's State, Federal, or Tribal Tax Return
- ◆ Social Security Benefits Statement
- ◆ Retirement/Pension Benefits Statement
- ◆ Unemployment/Workmen's Compensation Statement
- ◆ Divorce Decree
- ◆ Child Support Document
- ◆ Other, official document containing income information

3. I or someone in my household receive Lifeline credits from another source (i.e. cellular phone service). ☐ Yes ☐ No

*A "Household" is defined as any individual or group of individuals who are living together at the same address as one economic unit. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household.

4. I live on tribal lands and am applying for a reduction of connection charges from Link-Up. ☐ Yes ☐ No

5. Choose ONE service to apply the Lifeline discount: *(check with provider for availability).*

- ☐ Telephone ☐ Broadband Internet Access Service ("BIAS") ☐ Service Bundle (Phone & BIAS)

(continued on page 2)

Please read and initial each of the following statements to indicate that you understand and agree:

- ☐ I understand that I must be a part of the household in which Lifeline-supported service is provided.
- ☐ I understand that willfully providing false or fraudulent information to receive a Lifeline benefit is punishable by law.
- ☐ I understand that Lifeline is a federal government benefit program and willfully making false statements in order to obtain that benefit can be punished by fine or imprisonment, or that I can be barred from the program.
- ☐ By participating in this government program, I agree to provide my personal information to the national data base. I understand that failure to comply will deny me the Lifeline benefit.
- ☐ I acknowledge that a household is eligible to receive only one Lifeline service and to the best of my knowledge, my household is not already receiving a Lifeline service. A household is defined for Lifeline purposes as any group of individuals who live together at the same address and share income and expenses. A household is not permitted to receive Lifeline benefits from multiple providers and violation would result in de-enrollment and potential prosecution by the United States government.
- ☐ I understand that I may not transfer my service to any other individual.
- ☐ I acknowledge that I may be required to re-certify my eligibility for Lifeline at any time and failure to re-certify my continued eligibility will result in de-enrollment and termination of Lifeline benefits.
- ☐ I understand that I must notify my telecommunications provider within 30 days if I no longer qualify for Lifeline service and may be subject to penalties if I fail to do so.
- ☐ If I move to a new address, I agree to provide my new address to my service provider within 30 days.
- ☐ I understand completion of this certification form does not constitute immediate acceptance into this program.

I certify, under penalty of perjury, that the information provided in this application and supporting documentation is true and correct to the best of my knowledge.

Applicant's Signature _____ **Date** _____

I am an "Authorized Representative" for this applicant and am submitting this form on behalf of this customer. I am willing to assist this applicant in seeking service discounts.

Print "Authorized Representative" Name _____ **Daytime Phone Number** _____ **Date** _____

Mail this form and required documents to: AcenTek, 207 East Cedar, PO Box 360, Houston, MN 55943
Any documentation received will be securely retained and will not be shared.

Prompt return of this certification form to AcenTek is necessary to ensure proper credits to your account. Certified Lifeline assistance subscribers will receive a re-certification form annually and must return that form to AcenTek within 60 days to ensure the continuation of assistance benefits.

SERVICE PROVIDER USE ONLY

Telephone Number, or Account Number Associated with Lifeline service: _____

Initiation Date: _____ De-enrollment Date: _____

Type of Documentation Reviewed: ☐ Award Letter ☐ Voucher ☐ Benefits Card ☐ Income Statement ☐ Other

Identifying Information of Document Submitted: _____

Documentation Expiration Date (if applicable): _____

Name on Documentation (if different from name of applicant): _____

Method Documentation was provided: ☐ In Person ☐ Fax ☐ Mail ☐ Electronically

Reviewed by: _____ Date Reviewed: _____

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Study Area Name: Ace Telephone Association

Study Area Code: 351346

State: Iowa

Form 481 Line Number 3010

Milestone Certification (47 CFR §54.313(f)(1)(i))

Ace Telephone Association hereby certifies that throughout 2016, it took reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 10 Mbps downstream / 1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas, and that requests for such service are met within a reasonable amount of time. If a request for broadband service at actual speeds of at least 10 Mbps downstream / 1 Mbps upstream is unreasonable, and offering broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream is reasonable, the company offers broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream.

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Study Area Name: Ace Telephone Association

SAC: 351346

State: Iowa

Form 481 Line No. 3026 Rate of Return Financial Data

DOCUMENT REDACTED IN ITS ENTIRETY
